

Case Number:	CM13-0018188		
Date Assigned:	10/11/2013	Date of Injury:	05/08/2007
Decision Date:	01/02/2014	UR Denial Date:	08/20/2013
Priority:	Standard	Application Received:	08/29/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The physician reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The underlying date of injury in this case is 5/8/2007. The primary treating diagnosis is knee joint pain. This patient previously completed extensive and aquatic land-based therapy postoperatively. An initial physician review noted that the patient feels he could strengthen his knee doing pool therapy once per week. However, the initial physician review notes that the records do not document why this patient could not do this in a land-based independent home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Six (6) month gym membership for the right knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) gym memberships,.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), regarding gym memberships.

Decision rationale: The Official Disability Guidelines/Treatment in Workers Compensation/Low Back states regarding Gym Memberships "Not recommended as a medical prescription unless a documented home exercise program with periodic assessment and revision has not been effective and there is a need for equipment." The medical records do not meet these

criteria. The records do not clarify a rationale at this time as to why this patient would require gym membership as opposed to an independent home rehabilitation program. The request for six (6) month gym membership for the right knee is not medically necessary and appropriate.